projected from a height against the neck of the patient, who is protected from further wetting by a handkerchief about the lower part of the neck, is the quickest and safest restorative. The various methods of artificial respiration, or Laborde's tongue-traction, may be useful. For cerebral paralysis forced walking (ambulatory treatment), mustard with lukewarm water to neck, feet, or stomach, ammonia-water, even vesication, are employed. Of internal remedies, tincture of musk hypodermatically holds the first place. Camphor-solutions, small doses of strong wine or brandy, or coffee-infusions by the rectum are serviceable. For cramps, the anæsthetics, as ether and chloroform, are useful; in strychnine-poisoning the latter is especially so, and should be continued until the poison is completely removed from the body. Chloral, because of its paralyzing effect upon the heart, is particularly to be avoided. The changes in the red blood-corpuscles may be antagonized by venesection and transfusion of double the quantity removed of six-tenths per cent. of sodium-chloride solution, to which one-tenth of one per cent. of soda is added.—*Berliner klinische Wochenschrift*, 1895, No. 24, S. 513.

POTASSIUM PERMANGANATE.

DR. WILLIAM MOON shows that this drug decomposes morphine sulphate much more rapidly than it does albuminous matter, so that, when ingested, the contents of the stomach will not reduce it so quickly that it becomes useless for antidotal purposes. In case of poisoning by any of the morphine-salts eight or ten grains of this drug should be dissolved in a pint of water and administered at once; this amount should be repeated at intervals of thirty minutes once or twice. If the alkaloid morphine (not its salts) or opium or any of its preparations have been taken, it is advisable to acidulate the antidotal solution with one or two teaspoonfuls of diluted sulphuric acid or white (not red) vinegar, by which the insoluble morphine will be converted into its sulphate or acetate. The amount of antidote to be used depends upon the amount of poison which has been taken, generally one grain more than of the poison. If swallowing is impossible, in order not to increase the existing cerebral congestion by the use of the stomach-tube a hard-rubber catheter can be introduced into the œsophagus by way of the nose. To this can be attached a piece of soft-rubber tubing fitted with a funnel into which the solution can be poured; even after all of the opium or morphine which is in the stomach is supposed to have been rendered inert, a weak solution, one grain to the tumblerful of water, should be administered by the mouth because of the elimination of the poison, which is in the circulation, into the stomach. [*See* AMERICAN JOURNAL OF THE MEDICAL SCIENCES, vol. cix. p. 80.—R. W. W.] The hypodermatic injection of the antidote is also of benefit; although a part of the potassium permanganate is reduced by the subcutaneous tissues, yet enough finds its way into the circulation to select the morphine which is circulating in the albuminous constituents of the blood. As regards other alkaloids and inorganic poisons, several hours' contact with atropine, hyoscyamine, hyoscine, cocaine, aconitine, veratrine, pilocarpine, muscarine, caffeine, and phosphorus produced no oxidizing effect. While no reaction follows the contact of hydrocyanic acid with the drug, the latter immediately decomposes potassium cyanide. It will give up its oxygen much more quickly to albuminous matter than to strychnine, oxalic acid, and colchicum preparations. With eserine the results are the same as with morphine, therefore to opium and calabar bean it is a positive antidote. Thus far thirty-five cases of opium-poisoning have been successfully treated by this method.—*The British Medical Journal*, 1895, No. 1799, p. 1369.

DIGITOXIN.

M. G. CORIN notes the varying activity of the various commercial digitalins, and the skepticism with which the announcement of a new active principle is received. Schmiedeberg has isolated four non-nitrogenous active principles—digitonin, digitalin, digitalein, and digitoxin—of which the first three are glucosides and the last three act upon the heart after the manner of digitalis. Unfortunately, the digitalin and digitalein are difficult to obtain pure, and digitoxin is almost insoluble in water. The last presents all of the valuable properties of digitalis; it increases the volume of the pulse, raises the blood-pressure from its stimulation of the myocardium, slows the pulse-rate from its action upon the inhibitory apparatus, both central and peripheral. Personal experiences with this drug in dose of one-sixteenth of a grain demonstrated disagreeable phenomena, but never alarming ones. There was a marked slowing of the pulse, which naturally was of increased tension, and nausea and vomiting, which lasted but a few hours. The formula which is employed is: digitoxin, one-sixty-fourth of a grain; chloroform, ten minims; 90 per cent. alcohol, one drachm in an ounce of distilled water, this representing one dose. This solution does not precipitate with water, nor with normal saline solution. Masius has clearly shown the superiority of digitoxin above the commercial digitalins and preparations of digitalis in the treatment of cardiac asthenia and pneumonia. The author has given the theoretical reasons and practical facts which go to show that digitoxin has a real abortive action upon pneumonic infections. As these observations increase in number the practical physician will substitute this active principle for the preparations of digitalis, which are of varying activity and which may even be dangerous.—*Les Nouveaux Remèdes*, 1895, No. 9, p. 196.

DISINFECTION BY FORMALDEHYDE.

DR. G. BARDET confesses to considerable skepticism as to the possibility of absolute scientific sterilization of the more virulent germs resulting from the inoculation of cultures which are notoriously pathogenic and which are previously placed where disinfection is to be later performed. Hitherto he has considered this problem unsolvable. However at the present time making use of this remedy, also known as formal, in solution with methyl alcohol, and in an apparatus devised by Trillat, a different opinion is entertained. Practical experience has demonstrated that continuous operation of this apparatus in a closed room results in thorough disinfection, which has been proved by bacteriological cultures. The action of formal on wood, metals, and hangings is practically *nil*. The drug penetrates to a considerable extent; it impregnates furniture and bedding, as is shown by the presence of its peculiar odor. This odor can be removed by thorough ventilation, by entering the